|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA | ) | IN THE PROBATE COURT |
|  | ) |  |
| COUNTY OF       | ) | **DEED OF DISTRIBUTION** |
|  | ) | **(Real Property Only)** |
| IN THE MATTER OF:  | ) | **NOT A WARRANTY DEED** |
|       | ) |   |
| (Decedent) | ) | CASE NUMBER:       |

The undersigned states as follows:

Decedent died on      ; and probate of the Estate is being administered in the Probate Court for      County, South Carolina, in File #     .

I/We was/were appointed Personal Representative (s) on      .

Decedent owned real property described as follows:

Tax Map Number:

Street/Property Address:

Legal Description:

[ ]  Additional sheet(s) for additional property(ies) is attached (check if applicable)

This transfer is made pursuant to:

[ ]  Decedent’s Will

[ ]  Intestacy Statute: SCPC 62-2-103

[ ]  Private Family Agreement: SCPC 62-3-912

[ ]  Disclaimer by:

[ ]  Probate Court Order issued on

[ ]  Other:      In accordance with the laws of the State of South Carolina, the Personal Representative(s) does/do hereby release all of the Personal Representative’s(s’) right, title and interest, including statutory and/or testamentary powers, over the real property described to the beneficiaries named below:

 Name:

 Address:

 Name:

 Address:

 Name:

 Address:

 Name:

 Address:

**□** Additional sheet(s) for names of additional beneficiaries is attached (check, if applicable)

IN WITNESS WHEREOF the undersigned, as Personal Representative(s) of the above Estate, has executed this Deed of Distribution, on this       day of      , 20     .

SIGNED, SEALED AND DELIVERED

IN THE PRESENCE OF:

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:

Witness : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:

Estate of:

Signature of Personal

Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:

If applicable,

Signature of Co-Personal

Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:

|  |  |
| --- | --- |
| STATE OF SOUTH CAROLINA ) ) | ACKNOWLEDGMENT |
|  )COUNTY OF        |  |

I,      , Notary Public, a notary for the State of South Carolina do hereby certify that      \_, as Personal Representative(s) of the Estate of      , personally appeared before me this day and acknowledged the due execution of the foregoing Deed of Distribution.

Witness my hand and seal this the       day of      , 20     .

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SEAL)

 *(Signature of Notary Public)*

 *(Print name of Notary Public)*

 Notary Public for State of

 My Commission Expires:

*Note: It is recommended that an attorney prepare this document and determine if a title examination is necessary.*